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DOCKET ITEM:
C-3
December 6-7, 2011
EXEMPTION APPLICANT(S):
Alexian Brothers Health System, Ascension Health
FACILITY NAME and LOCATION:
Alexian Brothers Behavioral Health Hospital, Hoffman Estates

#### **EXECUTIVE SUMMARY**

#### PROJECT DESCRIPTION:

• The applicants are Alexian Brothers Health System and Ascension Health. The applicants are proposing a change in control of the health care facility's operation, physical plant, and assets. The FMV of the transaction is \$24,657,000.

#### WHY THE PROJECT IS BEFORE THE STATE BOARD:

• 20 ILCS 3960 states that a change of control of a licensed health care facility requires approval of the State Board. Ascension Health has an "AA+" Bond rating, therefore the applicant qualifies for an exemption to the certificate of need application.

#### PURPOSE OF THE PROJECT:

• To seek approval of the State Board for a change of ownership of a health care facility as required by the 20 ILCS 3960.

#### **BACKGROUND/COMPLIANCE ISSUES:**

• There were no background or compliance issues associated with the applicants.

#### FINANCIAL AND ECONOMIC FEASIBILITY:

• Ascension Health has an "AA+" Bond rating. Fitch notes "Ascensions' broad scope of operations, preponderance of high performing providers with strong market positions, consistent operating results, well developed management practices and low debt burden combine to support Fitch's highest long term rating for acute care systems. Due to the wide geographic dispersion of its operations, Ascension's financial results are relatively insulated from local regional, economic, political, and demographic changes that could negatively impact pricing, inflation, and/or patient volumes."

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#### **CHARITY CARE:**

• The applicants have attested that there will be no change in charity care for two years after project completion. The 2010 Hospital Profile Information is attached at the end of this report.

#### **CONCLUSION:**

All requirements of the exemption application have been met. 20 ILCS 3960/6 states "The State Board shall establish by regulation the procedures and requirements regarding issuance of exemptions. An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility. For a change of ownership of a health care facility between related persons, the State Board shall provide by rule for an expedited process for obtaining an exemption. In connection with a change of ownership, the State Board may approve the transfer of an existing permit without regard to whether the permit to be transferred has yet been obligated, except for permits establishing a new facility service." category of or new a

# STATE AGENCY REPORT CHANGE OF OWNERSHIP EXEMPTION

## I. The Exemption Application

The applicants, Alexian Brothers Health System and Ascension Health are proposing a change in the membership or sponsorship of a not for profit corporation that owns or controls an Illinois licensed health care facility, as well as the physical plant and assets. Per the Strategic Affiliation Agreement between the two applicants, Ascension Health will become the sole corporate member of Alexian Brothers Medical Center, and Alexian Brothers Health System will operate as one of Ascension's Health Ministries. Board Staff notes there are two other facilities/exemption applications involved in the proposed transaction, they are Exemption E-012-11, St. Alexius Medical Center, Hoffman Estates, and E-013-11, Alexian Brothers Medical Center, Elk Grove Village. The fair market value of the facility to be acquired is \$24,657,000.

The Illinois Health Facilities Planning Act defines a change of ownership as

". . . a change in the person who has ownership or control of a health care facility's physical plant and capital assets. A change in ownership is indicated by the following transactions: sale, transfer, acquisition, lease, change of sponsorship or other means of transferring control."

#### II. The Facility

Alexian Brothers Behavioral Health Hospital (ABBHH) is a 141-bed acute care hospital located in Hoffman Estates, specializing in Acute Mental Illness (AMI) services. Table One below identifies the authorized beds offered by the hospital, and their 2010 utilization.

TABLE ONE Alexian Brothers Behavioral Health Hospital, Hoffman Estates										
2010 Utilization										
Beds	Beds	Admissions	Days	ALOS	ADC	Utilization	Target Occ.	Met Target		
Acute Mental Illness	141	6,101	46,541	7.6	127.5	90.4%	85%	Yes		
Total  Information taken from	141 m the 2010 ID	6,101 PH Hospital Question	46,541							

## III. The Applicant

Ascension Health is a Missouri-based nonprofit corporation that operates in more than 500 locations and twenty states. The applicants provided a listing of 77 acute care hospitals operating within the Ascension Health network (application, p.27). Ascension Health has an AA+ bond rating.

# IV. The Proposed Transaction and Attestations

Alexian Brothers Health System is proposing to combine its health care system and operations into Ascension Health, the largest not-for-profit Catholic health care system in the United States, as part of a corporate affiliation transaction. The proposed affiliation will result in the transfer of the ultimate control of Alexian Brother's three Illinois hospitals, St. Alexius Medical Center, Hoffman Estates (exemption application E-012-11), Alexian Brothers Medical Center, Elk Grove Village (exemption application E-013-11) Alexian Brothers Behavioral Health Hospital, Hoffman Estates (exemption application E-014-11). applicants attest that Alexian Brothers Health System's decision to merge with Ascension Health is one that best fits Alexian Brothers' strategic plan, mission, Both Ascension and Alexian Brothers Health culture, and financial goals. Systems are catholic organizations, and will continue to abide by the Ethical and Religious Directives for Catholic Health Care Services. Ascension will offer expanded access to resources necessary for modern health care.

Part of the transaction involves Ascension's obligation to fund a portion of St. Alexius Medical Center's campus modernization program up to \$125,000,000,

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(Project #09-054), fund the defeasance of outstanding Alexian Brothers Health System debt, and fund an existing Alexian Brothers' long term care project in Tennessee up to \$30,000,000.

The applicants have attested that all beds and services will not substantially change for at least 12 months following the completion of the proposed transaction, and there will be no change resulting in the restriction of patient admissions or reductions in access to care or a more restrictive charity care policy. The applicants attest that an Alexian Brother will be the Chairman of Alexian Brothers Health System Board for a minimum of 4 years, and an Alexian Brother will serve on the Board of Trustees for Ascension Health. The applicants have certified that no adverse actions have been taken against them by the federal government, licensing or certifying bodies of the State of Illinois. The anticipated date for transaction completion is on or before January 1, 2012.

## VI. Other Information

Included in the information submitted to the State Board is the change of ownership exemption application for the proposed change of ownership of Alexian Brothers Behavioral Health Hospital, Hoffman Estates.

Page 1 Hospital Profile - CY 2010 **Alexian Brothers Behavioral Health Hospital Hoffman Estates** Ownership, Management and General Information Patients by Race Patients by Ethnicity 4.5% **ADMINISTRATOR NAME:** Francine McGouey White 71.3% Hispanic or Latino: **ADMINSTRATOR PHONE** 847-882-1600 ext. 8001 77.4% 3.6% Not Hispanic or Latino: **OWNERSHIP:** ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITA 18.1% American Indian 0.0% Unknown: **OPERATOR:** ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITA Asian 2.0% IDPH Number: 5009 Church-Related MANAGEMENT: Hawaiian/Pacific 0.0% **HPA** A-07 **CERTIFICATION:** Unknown: 23.1% **HSA** 7 **FACILITY DESIGNATION:** Psychiatric Hospital CITY: Hoffman Estates Suburban Cook County 1650 Moon Lake Boulevard COUNTY: **ADDRESS** Facility Utilization Data by Category of Service CON Authorized **Peak Beds** Average Average Staff Bed Inpatient Observation Occupancy CON Beds Setup and Peak Daily Occupancy Length **Clinical Service** 12/31/2010 12/31/2010 Staffed Census Admissions Days Days Census Rate % of Stay Medical/Surgical 0 0 0 O 0 0 0.0 0.0 0.0 0.0 0 0-14 Years 0 0 0 15-44 Years 0 n 45-64 Years 0 65-74 Years 0 0 0 75 Years + 0 0 0 0 0 **Pediatric** 0 0.0 0.0 0.0 0.0 0 0 0 0 0 **Intensive Care** 0 0.0 0.0 0.0 0.0 Direct Admission 0 0 Transfers 0 0 Obstetric/Gynecology 0 0 0 0 0 Λ 0.0 0.0 0.0 0.0 Maternity 0 0 Clean Gynecology n 0 0 0 0 0 0 0 0.0 0.0 0.0 0.0 Neonatal 0 0 0 0 Long Term Care 0 0 0.0 0.0 0.0 0.0 0 0 0.0 0.0 Swing Beds 141 90.4 141 139 6,101 46,541 0 7.6 127.5 90.4 **Acute Mental Illness** Rehabilitation 0 0 0 0 0 0.0 0.0 0 0.0 0.0 **Long-Term Acute Care** 0 0 0 0 0 0 0.0 0.0 0.0 0.0 Dedcated Observation 0 0 **Facility Utilization** 141 6.101 46.541 0 127.5 90.432 7.6 (Includes ICU Direct Admissions Only) Inpatients and Outpatients Served by Payor Source Medicare Medicaid Other Public Private Insurance Private Pav Charity Care **Totals** 24.4% 6.3% 0.8% 59.9% 1.0% 7.5% Inpatients 1489 6,101 387 51 3657 59 458 15.8% 4.0% 0.2% 74.1% 4.5% 1.5% **Outpatients** 2727 27 12810 785 254 17.295 692 **Total Charity** 12/31/2010 Financial Year Reported: Inpatient and Outpatient Net Revenue by Payor Source 1/1/2010 to Charity Care Expense Medicare Medicaid Other Public Private Insurance Private Pay **Totals** Care 653,600 Expense Inpatient 41.6% 1.7% 0.5% 53.8% 2.4% 100.0% Totals: Charity Revenue (\$) 536,301 14,354,170 582,930 180,088 18,547,947 837,217 34,502,352 Care as % of Net Revenue 9.5% 3.1% 0.2% 84.3% 2.9% 100.0% Outpatient Revenue (\$) 2.159.719 693.989 53.814 19.166.444 652.221 22,726,187 117.299 1.1% **Birthing Data Newborn Nursery Utilization Organ Transplantation** Number of Total Births: 0 0 Level 1 Patient Days Kidney: 0 Number of Live Births: 0 Level 2 Patient Days 0 Heart: 0 Birthing Rooms: 0 Level 2+ Patient Days 0 0 Luna: Labor Rooms: 0 Total Nursery Patientdays 0 Heart/Lung: 0 **Delivery Rooms:** 0 Pancreas: 0 **Laboratory Studies** Labor-Delivery-Recovery Rooms: 0 Liver: 0 Inpatient Studies 0 Labor-Delivery-Recovery-Postpartum Rooms: 0 **Outpatient Studies** 0 Total: 0 C-Section Rooms: 0

**CSections Performed:** 

Studies Performed Under Contract

43.635

<sup>\*</sup> Note: According to Bed Change approved on 7/19/10 Alexian Brothers Behavioral Hospital, Hoffman Estates, received permission to add 4 Acute Mental Illness beds to an existing category of service. The facility is now authorized for 141 Acute Mental Illness beds.

Total ED Visits (Emergency+Trauma):

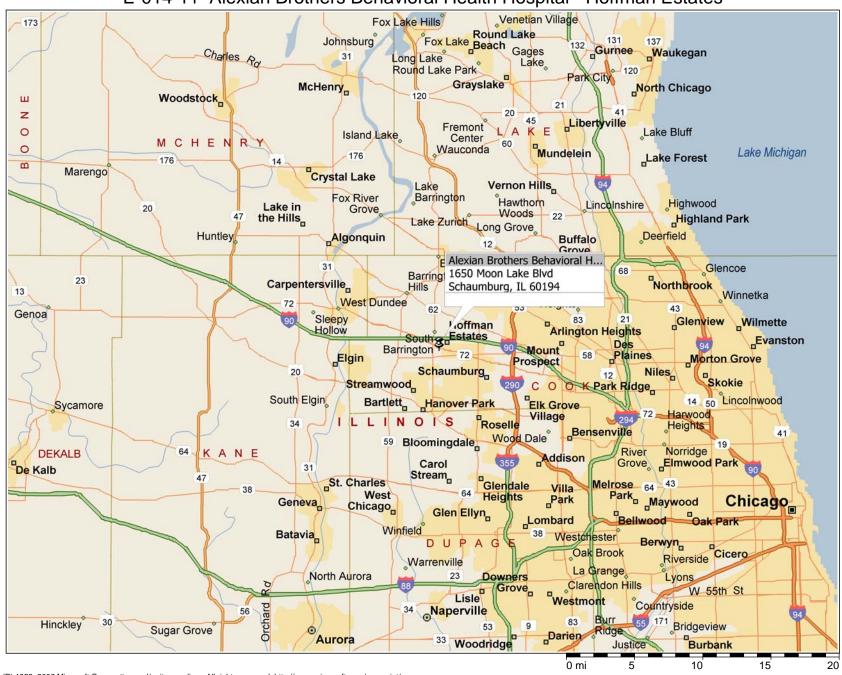
				Surge	ery and Opera	ating Room U	<u>tilization</u>				
Surgical Specialty		Operating	Rooms		Surgica	l Cases	9	Surgical Hour	Hours per Case		
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	0	0	0	0	0	0	0	0.0	0.0
SURGICAL RECOVERY STATIONS Stage 1			e 1 Recov	ery Stations	0	Stage 2 Recovery Stations			0		

Dedicated and Non-Dedicated Procedure Room Utilzation												
		Procedure	Rooms		Surgio	al Cases	<u> </u>	Surgical Hou	Hours per Case			
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0	
Laser Eye Procedures	0 0		0	0	0	0	0	0	0	0.0	0.0	
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0	
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0	
	<u>Multij</u>	purpose No	n-Dedicate	d Roon	<u>18</u>							
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
Cardiac Ca	atheterizat	ion Labs					Cardiac (	Catheterizati	on Utilization	1		
Total Cath Labs (Dedicated	0			Total Cardiac Cath Procedures:					0			
Cath Labs used for Angiography procedures			C	)		Diagn		0				
Dedicated Diagnostic Catheterization Labs			C	)		J		terizations (1	,		0	
Dedicated Interventional Catheterization Labs			C	)		Interv		0				
Dedicated EP Catheterization Labs			C	)				theterization	` '		0	
<u>Emergency</u>	//Trauma (	<u>Care</u>					atheterizatio		( - /		0	
Certified Trauma Center			N	lo								
Level of Trauma Service		Level 1	Level	2								
	No	t Applicable	Not Applic	cable		Total (	0					
Operating Rooms Dedicat	ed for Trau	ıma Care		0		P	0					
Number of Trauma Visits:				0		А		0				
Patients Admitted from Trauma				0		Coron						
Emergency Service Type:			Stand-E	3v		performed of total Cardiac Cases :					0	
Number of Emergency Room Stations			0	,		Outpatient Service Data						
Persons Treated by Emergency Services:			(	)		Total Outpatient Visits					,421	
Patients Admitted from Emergency:			(	0				e Hospital/ Ca	•		,563	
Total ED Visits (Emergency+Trauma):			0			Outpatient Visits Offsite/off campus					89,858	

Diagnostic/Interventional Equipment			<u>Exami</u>	nations		Radiation Equipment		Therapie	
	Own	vn Contract Inpatient Outpt Contract			Owned	Contract	Treatments		
General Radiography/Fluoroscopy	0	0	0	0	0	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therap	у 0	0	0
Ultrasound	0	0	0	0	0	Intensity Modulated Rad T	hrpy 0	0	0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	٥	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0		U	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0	Cyber knife	0	0	0
Magnetic Resonance Imaging	0	0	0	0	0				

0

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